(1)

8/15/10

RAPID RECOVERY
Credit & Collections
P.O. Box 112
Fairfax, Virginia 22038-0112
Service: (703) 273-4224 • Fax: (703) 273-1126

Civil Action No. 3:10-cv-00227

Answer:

Law office of Robert Weed
Served Defendant at two wrong
Locations and on the third try 8/15
Did Serve Defendant at his Location.

Parties

1 - ?, NO
2 - yes
3 - NO
4 - NO
5 - yes
6 - NO

Jurisdiction

7 - Plaintiff ~~Works~~ Lives in Loudoun County, VA.

8 - ?, NO

Statement of Facts

9 - yes, As well as Sister (Sandra Carrasquillo)
10 - yes

(2)

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Continued

12 - NO, March 13/2009 - First Call to Debtors (Plaintiff)

13 - NO, An Agreement was made to make payments every 2 weeks until Debt is paid.

14 - yes

15 - NO, An Agreement was made to make payments every 2 weeks until Debt is Paid.

16 - yes

17 - yes, Debit Card Given to Continue with Agreed upon Payment Plan

18 - NO, Agreement to pay every 2 weeks.
(Bank was checked for Funds Availability
Funds were Availble 4/3/09)

19 - NO

20 - yes

21 - yes, Persuant to Payment plan and,
Funds being Available in his PNC Account)

22 - yes

23 - NO, Agreement to pay every 2 weeks
(Bank was checked for Funds Availability
Funds were Available 6/26/09)

(3)

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24- NO

25 - yes, persuant to payment plan and,
Funds being Available in his PNC Account)

26 - yes

27 - NO, Agreement to pay every 2 weeks
(Bank was checked for Funds Availability.
Funds were Available 8/18/09)

28 - NO

29 - yes, persuant to payment plan and,
Funds being Available in his PNC Account)
10/29, only # 50 Available

30 - yes, persuant to payment plan and
Funds being Available in his PNC Account
11/2, only # 20 Available

31 - NO, Agreement to pay every 2 weeks
Bank was checked for Funds Availability
(Less Funds - only # 20 Available - 11/2/09)

32 - NO

33 - yes, All moneys were Credited toward Plaintiff's
All

(4)

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Violations

34- NO

35 - yes, As well as sister. (Sandra)

36 - NO

37 - NO, Money Availability was never Consistant with Payment terms Agreed upon.

38 - NO, ALL Payments were persuant to Agreed upon terms with Plantiff, As Long as Funds were Available.

39 - NO, All payments were Agreed upon by both parties, as Long as Funds were Available.

40 - NO, Plantiff Authorized payment plan (See 15, statement of facts)

41 - NO

42 - ~~NO~~, NO, Consent was given by plaintiff (See 15, statement of facts)

43 - NO, Abuse

44 - NO, Consent was Given by plaintiff.

45 - NO Deceptive means to collect

(4)

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46- No, No unAuthorized withdrawals were taken.
(see 15, statement of facts)

47- No, No unAuthorized withdrawals were taken
(see 15, statement of facts)

Prayer for Relief

(1) No, No Violations were Committed.

(2) No, No Violations were Committed

(3) No, No Violations were Committed

(4) No, No Violations were Committed

(5) No, No Violations were Committed

These two Cases were turned over to Atty. Shawn Whitfakers office to persue Legal Remedys. Rapid Recovery turned both Cases over because neither Reynaldo Carrasquillo or Sandra Carrasquillo Would Continue payment Agreements. Anthony R. Gonzalez

726

RAPID RECOVERY
CREDIT & COLLECTIONS

P.O. BOX 112, Fairfax, VA 22038-0112
Phone: (703) 273-4224 * Fax: (703) 273-1126

INFORMATION SHEET AND REQUEST FOR LEGAL ACTION

DATE: June 14, 2010

From: TOWN CENTER CHIROPRACTIC DBA, DR. GIANCARLO GUTIERREZ
Address:
STERLING, VA 20165

Telephone:

Debtor Name: REYNALDO CARRASQUILLO
Address: 21051 LOWRY PARK TERRACE #103
ASHBURN, VA 20147

21051 ✓

Atty? 434793-5101 Women Atty's filing Cost ✓ RRCC!

Employer Name: _____
Employer Address: _____
City, State, Zip: _____

Phone #: Home -571-291-3057 Work -703-597-4342

Individual _____ Proprietorship _____ Partnership _____ Corporation ~~X~~

SSN: 229-27-9183 DOB: _____

Contact Person: _____

Amount Due:		
	Principal	$1,781.00
24%	Interest	$
33⅓%	Attorney Fees	$
	Collection Fee	$25.00
	Court Costs	$--------
	Total Amount Due	$

Date of Last Payment Charge: _____

A) If claim is based on a WRITTEN CONTRACT or BAD CHECK, attach the original document. Retain copy for your files.
B) If claim is on an OPEN ACCOUNT, attach bill or copy of ledger (statement of account). Retain copy for your files.

Bank (if known): Account #: 6716_____
Other Information: _____

Signature: _____

Printed Name: _____

COLLECTOR: TONY

Legally
* VISA/MASTERCARD/AMERICAN EXPRESS/DISCOVER* CHECKS BY PHONE ALSO ACCEPTEDD\\

4430 4730 8010 8161
01/10

Use for Reynaldo + Sandra - Per Reynaldo

TOWN CENTER CHIROPRACTIC

Dr. Giancarlo Gutierrez
Dr. Michelle Gutierrez
Dr. Joseph Mazzara

APPLICATION FOR TREATMENT

Please check the type of care desired: ☐ Temporary Relief ☐ Lasting Correction
TO SAVE TIME AND ALLOW US TO BETTER SERVE YOU, PLEASE COMPLETE ALL QUESTIONS. DATE: 10/10/09

1. Name: REYNALDO CARRASQUILLO	2. Phone Home/Work: 571-291-3057 / 703-597-4942	
3. Complete address (include city, state, and zip): 21051 COWRY PARK TER APT 103 ASHBURN VA 20147	4. DOB: 9/2/1979	5. Age: 29
6. ☑ Married ☐ Widowed ☐ Male ☐ Single ☐ Divorced ☐ Female	7. Referred By: RICARDO CARRASQUILLO	8. Occupation: CREW LEADER BELFOR USA
9. Employer name, address, and phone #: BELFOR STERLING 703-450-3900 office -571-296-7253		
10. Social Security #: 229-27-9183	11. No. of Children: 2	12. Have you had Chiropractic care before? ☑ Yes Where? PAWN ☐ No
13. Do you have health insurance? If yes, please give company name, address, and phone # ☑ Yes ☐ No AETNA P.O. BOX 981107 EL PASO TX 7998 Group# 361404 Ind# R814W17A		
14. Where do you feel the problem? What is your major complaint? LOWER BACK LEFT PAIN + MOVEMENT PAIN 1888 TO AETNA PAIN Shots DOWN		
15. How long has it been bothering you? about 4 weeks	16. Are you on Medicare? Yes ☐ No ☑	17. What is your current E-mail Address? DAPICAN@MSN.COM
18. Please indicate if you are here for care because of: ☐ an on the job injury ☐ an auto accident ☐ home injury		

Date injured:	Insurance co.	Attorneys name (if any)	Attorneys address

19. Have you ever had any falls, auto accidents, or injuries? ☑ Yes Please describe ☐ No	MONTH/YEAR	TYPE OF ACCIDENT	DESCRIBE INJURY
	12/04	AUTO	BACK + NECK

20. Have you ever had surgery? ☐ Yes ☑ No	MONTH/YEAR	TYPE OF SURGERY	COMMENTS

21. Are you presently taking medication? ☐ Yes ☑ No	NAME OF DRUG	DOSES PER DAY	FOR HOW LONG

(PLEASE TURN OVER)

Please check any of the following that give you difficulty:

___ Headaches	___ Fainting	___ Heart Attacks	___ Numbness
___ Shooting Head Pains	___ Loss of Balance	X High Blood Pressure	___ Constipation
___ Sinus Trouble	___ Ringing in Ears	___ Low Blood Pressure	___ Kidney trouble
___ Loss of Smell	___ Blurred Vision	___ Anemia	___ Menstrual cramps
___ Allergies	___ Lights bother eyes	___ Stomach trouble	___ Menstrual Irreg.
___ Hayfever	X Neck pain	___ Nerves and nervousness	___ Diabetes
___ Asthma	___ Muscle spasms	___ Inner tension	___ Cancer
___ Loss of Taste	___ Grating in neck	___ Irritability	___ Sleeping problems
___ Tightness of throat	X Shoulder tightness	___ Cold sweats	___ Painful joints
___ Inflammation of throat	___ Shoulder/arm pain	___ Pins/needles in arms/hands	___ Swollen joints
___ Thyroid trouble	___ Cold hands	___ Gall bladder trouble	___ Pinched nerves
___ Twitching of face	___ Chest pains	___ Indigestion	___ Swollen ankles
___ Loss of memory	___ Shortness of breath	___ Pins/needles in legs	___ Cold feet
___ Fatigue	___ Mid back pain	___ Intestinal gas	___ Pain in legs/feet
___ Depression	X Low back pain		

FAMILY HEALTH HISTORY

Please review the below listed diseases and conditions and indicate those that are current health problems of a family member.

Please indicate M for Mother, F for Father, S for Spouse, C for children

___ Arthritis	___ Asthma-Hayfever	X Back Trouble	___ Bursitis
___ Cancer	___ Constipation	X Diabetes	___ Emphysema
___ Disc Problem	___ Epilepsy	___ Headache	___ Insomnia
___ Heart Trouble	X High Blood Pressure	___ Kidney Trouble	___ Migraines
___ Liver Trouble	___ Nervousness	___ Pinched Nerve	___ Scoliosis
___ Sinus Trouble	___ Stomach Trouble		

If any of the above family members are deceased, please list their cause and age at death:

_____

INSURANCE BENEFITS ASSIGNMENT AND FINANCIAL RESPONSIBILITIES

To Whom It May Concern:

I hereby authorize and direct you, my insurance company to pay directly to Town Center Chiropractic, LLC, such sums as may be due and owing this office for services rendered me, both by reason of accident or illness, and by reason of any other bills that are due to TCC. If my current policy prohibits direct payments to TCC, then I hereby also instruct and direct my insurance company to make out the check to me and mail it to TCC. I hereby further give a lien to TCC against any and all insurance benefits named herein. This is to act as an assignment of my rights and benefits to the extent of the services provided by TCC.

In the event that my insurance company obligated to make payments to me upon the charges made by TCC for their services, refuses to make such payments, upon demand by me of this office, I hereby assign and transfer to this office any and all causes of action that I might have or that might exist in my favor against such company and authorize TCC to prosecute said cause of action either in my name, and further, I authorize TCC to compromise, settle or otherwise resolve said claim or cause of action as they see fit.

I understand that I remain personally responsible for the total amounts due to TCC for their services. I further understand and agree that this Assignment and Authorization does not constitute any consideration for TCC to await payments and they may demand payments from me immediately upon rendering services at their option. I further understand that if I fail to pay a requested bill in 30 days from the date of the written request, my balance will bear interest at the rate of 21% per year or 1.75% monthly. I further understand that if for any reason my account remains unpaid for three (3) consecutive months or more and is sent to the TCC attorney for collections, that I will be further charged and responsible for all attorney and court fees incurred for the collection of my unpaid balance. I acknowledge that reasonable attorney fees are 1/3 of my outstanding balance. Interest will continue to accrue on any unpaid principal balance until paid in full.

I authorize the Doctors and staff of TCC to administer care as they deem necessary and to release any information pertinent to my case to any insurance company, adjuster or attorney to facilitate collection under this Assignment and Authorization. I agree that TCC will be given power of Attorney to endorse/sign my name on any and all checks for payment of my bill with TCC.

Fees are payable at the time of x-rays, examinations, and treatments are received, unless other arrangements are made in advance. X-rays remain the property of TCC.

NAME: REYNALDO CALDERON (please print)

Signed: _____

SS#: 279-27-9183

Date: 10/10/08

Town Center Chiropractic

46304 McClellan Way
Sterling, VA 20165
(703)444-9000

Page: 1

1/12/2009

Patient: Reynaldo Carrasquillo
2105 Lowry Park Terr. Apt. 103
Ashburn, VA 20147

Chart #: CARRE000
Case #: 6716

Instructions:
Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Date	Description	Procedure	Modify	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
10/10/2008	Office/outpatient visit, new, mod	99203	25	739.1	722.4	739.4	722.52	1	105.00
10/10/2008	X-ray exam of neck spine	72040		739.1	722.4	739.4	722.52	1	75.00
10/10/2008	X-ray exam of lower spine	72100		739.1	722.4	739.4	722.52	1	85.00
10/10/2008	CMT, spinal, 3-4 regions	98941		739.1	722.4	739.4	722.52	1	50.00
10/10/2008	Electric stimulation therapy	97014		739.1	722.4	739.4	722.52	1	25.00
10/10/2008	Ultrasound	97035		739.1	722.4	739.4	722.52	1	30.00
10/10/2008	Hot or cold packs therapy	97010		739.1	722.4	739.4	722.52	1	18.00
10/10/2008	Manual therapy 1+ regions, ea 15 mn	97140	59	739.1	722.4	739.4	722.52	1	35.00
10/11/2008	CMT, spinal, 3-4 regions	98941		739.1	722.4	739.4	722.52	1	50.00
10/11/2008	Electric stimulation therapy	97014		739.1	722.4	739.4	722.52	1	25.00
10/11/2008	Ultrasound	97035		739.1	722.4	739.4	722.52	1	30.00
10/11/2008	Hot or cold packs therapy	97010		739.1	722.4	739.4	722.52	1	18.00
10/11/2008	Manual therapy 1+ regions, ea 15 mn	97140	59	739.1	722.4	739.4	722.52	1	35.00
10/13/2008	CMT, spinal, 3-4 regions	98941		739.1	722.4	739.4	722.52	1	50.00
10/13/2008	Electric stimulation therapy	97014		739.1	722.4	739.4	722.52	1	25.00
10/13/2008	Ultrasound	97035		739.1	722.4	739.4	722.52	1	30.00
10/13/2008	Hot or cold packs therapy	97010		739.1	722.4	739.4	722.52	1	18.00
10/13/2008	Manual therapy 1+ regions, ea 15 mn	97140	59	739.1	722.4	739.4	722.52	1	35.00
10/14/2008	CMT, spinal, 3-4 regions	98941		739.1	722.4	739.4	722.52	1	50.00
10/14/2008	Electric stimulation therapy	97014		739.1	722.4	739.4	722.52	1	25.00
10/14/2008	Ultrasound	97035		739.1	722.4	739.4	722.52	1	30.00
10/14/2008	Hot or cold packs therapy	97010		739.1	722.4	739.4	722.52	1	18.00
10/14/2008	Manual therapy 1+ regions, ea 15 mn	97140	59	739.1	722.4	739.4	722.52	1	35.00
10/14/2008	Credit card	CC						1	-60.00
10/15/2008	CMT, spinal, 3-4 regions	98941		739.1	722.4	739.4	722.52	1	50.00
10/15/2008	Electric stimulation therapy	97014		739.1	722.4	739.4	722.52	1	25.00
10/15/2008	Hot or cold packs therapy	97010		739.1	722.4	739.4	722.52	1	18.00

Provider Information

Provider Name: Giancarlo Gutierrez DC
License: 0104001599
Commercial PIN:
SSN or EIN: 541949257

Total Charges:	$ 990.00
Total Payments:	-$ 60.00
Total Adjustments:	$ 0.00
Total Due This Visit:	**$ 930.00**
Total Account Balance:	$ 1,781.00

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: _____ Date: _____

06/04/2010
0000000003025911

This is a LEGAL COPY of your check. You can use it the same way you would use the original check.

RETURN REASON-D
CLOSED ACCOUNT

Document Seq #
060407033466028O1525
KNDMIPNA
06/04/10

000776

[03]2007303 06/03/2010 000006155278030

Reynaldo Carrasquillo
0999

Pay to the Order of Rapid Recovery
*** TEN AND XX/100 **** Dollars
THE RIGGS NATIONAL BANK OF WASHINGTON, D.C.
5252010030

Town Center Chiro.

This check is pre-auth
Upon payment this ch

⑆054000030⑆530532893⑈

⑆054000030⑆530532893⑈

Rapid Recovery
PO Box 112
Fairfax, VA 22030-0112

Client:

DEBTOR NAME:

SS #:

Patient Name:

Relationship to Debtor:

Address:

Acct. #:

Home Telephone:

Employer Telephone:

Other Telephone:

Payments Received:

Principal Balance:

Balance Due:

PHONE LOG

Date	Time	H/B/W	Comments
3/13	Pm	W	LMOM
		H	LMOM
3/19	Am	W	ONLOP
		H	LM/W
9/15	Pm	C/P	LMOM
		H	LMOM
9/16	Pm	C/P	LMOM
		H	LMOM
9/18	Pm	H	LMOM
		C/P	LMOM
9/21	Pm	C/P	LMOM
		H	LMOM
9/22	Am	H	LMOM
		C/P	LMOM
9/24	Am	C/P	LMOM
		H	LMOM
9/25	Pm	C/P	LMOM
		H	LMOM
9/28	AM	C/P	LMOM
		H	LMOM
10/2	Am	C/P	LMOM
		H	LMOM
10/5	Am	C/P	LMOM
		H	LMOM
10/8	Pm	C/P-	LMOM
		H-	LMOM

5/15/09 - PM c/p - Lmov
M - Lmov

5/18 Dbt PTP 100 on (6/15)

6/10/10 - PM - cp - Lmov

RAPID RECOVERY
CREDIT & COLLECTIONS

P.O. BOX 112, Fairfax, VA 22038-0112
Phone: (703) 273-4224 * Fax: (703) 273-1126

INFORMATION SHEET AND REQUEST FOR LEGAL ACTION

DATE:August 30, 2010

From: TOWN CENTER CHIROPRACTIC DBA, DR. GIANCARLO GUTIERREZ
Address:
STERLING, VA 20165

Telephone:

Debtor Name: SANDRA CARRASQUILLO
Address: 11457 CYRPESS POINT COURT
RESTON, VA 20190

Employer Name: _____
Employer Address: _____
City, State, Zip: _____

Phone #: Home -703-870-4325 Work -703-435-0263

Individual _____ Proprietorship _____ Partnership _____ Corporation _____

SSN:228-29-6498 DOB: _____

Contact Person: _____

Amount Due:	Principal	$742.23
	Interest	$_____
	Attorney Fees	$_____
	Collection Fee	$25.00
	Court Costs	$_____
	Total Amount Due	$_____

Date of Last Payment Charge: _____

A) If claim is based on a WRITTEN CONTRACT or BAD CHECK, attach the original document. Retain copy for your files.
B) If claim is on an OPEN ACCOUNT, attach bill or copy of ledger (statement of account). Retain copy for your files.

Bank (if known): Account #: 6580_____
Other Information: _____

Signature: _____

Printed Name: _____

COLLECTOR:WHITTAKER-F

LegalLEGAL FILING
*** VISA/MASTERCARD/AMERICAN EXPRESS/DISCOVER* CHECKS BY PHONE ALSO ACCEPTEDD**

TOWN CENTER CHIROPRACTIC

Dr. Giancarlo Gutierrez
Dr. Michelle Gutierrez
Dr. Joseph Mazzara

APPLICATION FOR TREATMENT

Please check the type of care desired: ☐ Temporary Relief ☐ Lasting Correction

TO SAVE TIME AND ALLOW US TO BETTER SERVE YOU, PLEASE COMPLETE ALL QUESTIONS. DATE: 8-15-08

1. Name	2. Phone Home/Work	
Sandra Carrasquillo	(703) 870-4325	
3. Complete address (include city, state, and zip)	**4. DOB**	**5. Age**
11457 Cypress Point Ct Reston VA 20190	7-19-83	25
6. ☐ Married ☐ Widowed ☐ Male ☐ Single ☒ Divorced ☒ Female	**7. Referred By:** Luz Carrasquillo	**8. Occupation** Teacher
9. Employer name, address, and phone # KinderCare 1940 Isaac Newton Sq Reston VA 20190 (703) 435-0263		
10. Social Security # 228-29-6498	**11. No. of Children** 3	**12. Have you had Chiropractic care before?** ☒ Yes Where? Centreville ☐ No
13. Do you have health insurance? If yes, please give company name, address, and phone # Group# Ind# ☒ Yes ☐ No Medicaid		
14. Where do you feel the problem? What is your major complaint? Lower back		
15. How long has it been bothering you? a few weeks	**16. Are you on Medicare?** Yes ☐ No ☒	**17. What is your current E-mail Address?** Sicarrasquillo@small.com
18. Please indicate if you are here for care because of: ☐ an on the job injury ☐ an auto accident ☐ home injury		

Date injured:	Insurance co.	Attorneys name (if any)	Attorneys address

19. Have you ever had any falls, auto accidents, or injuries? ☐ Yes Please describe ☐ No

MONTH/YEAR	TYPE OF ACCIDENT	DESCRIBE INJURY

20. Have you ever had surgery? ☒ Yes ☐ No

MONTH/YEAR	TYPE OF SURGERY	COMMENTS
9-07	Finger	
10-05	~~appendix~~ Appendix removed	

21. Are you presently taking medication? ☒ Yes ☐ No

NAME OF DRUG	DOSES PER DAY	FOR HOW LONG
Vicodin	1-2 as needed	as long as I need
Motrin 800	3 x's daily	

(PLEASE TURN OVER)

2. Please check any of the following that give you difficulty:

✓ Headaches	___ Fainting	___ Heart Attacks	___ Numbness
✓ Shooting Head Pains	___ Loss of Balance	___ High Blood Pressure	___ Constipation
___ Sinus Trouble	___ Ringing in Ears	___ Low Blood Pressure	___ Kidney trouble
___ Loss of Smell	___ Blurred Vision	___ Anemia	✓ Menstrual cramps
✓ Allergies	✓ Lights bother eyes	✓ Stomach trouble	___ Menstrual Irreg.
___ Hayfever	✓ Neck pain	✓ Nerves and nervousness	___ Diabetes
___ Asthma	___ Muscle spasms	___ Inner tension	___ Cancer
___ Loss of Taste	___ Grating in neck	___ Irritability	✓ Sleeping problems
___ Tightness of throat	___ Shoulder tightness	___ Cold sweats	___ Painful joints
✓ Inflammation of throat	___ Shoulder/arm pain	✓ Pins/needles in arms/hands	___ Swollen joints
___ Thyroid trouble	___ Cold hands	___ Gall bladder trouble	___ Pinched nerves
___ Twitching of face	___ Chest pains	___ Indigestion	___ Swollen ankles
___ Loss of memory	___ Shortness of breath	✓ Pins/needles in legs	___ Cold feet
___ Fatigue	___ Mid back pain	___ Intestinal gas	✓ Pain in legs/feet
✓ Depression	✓ Low back pain		

FAMILY HEALTH HISTORY

Please review the below listed diseases and conditions and indicate those that are current health problems of a family member.

Please indicate M for Mother, F for Father, S for Spouse, C for children

M Arthritis	___ Asthma-Hayfever	M Back Trouble	___ Bursitis
GM Cancer	M Constipation	M F Diabetes	___ Emphysema
M Disc Problem	___ Epilepsy	M Headache	M Insomnia
GF Heart Trouble	M High Blood Pressure	___ Kidney Trouble	___ Migraines
___ Liver Trouble	___ Nervousness	___ Pinched Nerve	___ Scoliosis
F Sinus Trouble	___ Stomach Trouble		

If any of the above family members are deceased, please list their cause and age at death:

_____

INSURANCE BENEFITS ASSIGNMENT AND FINANCIAL RESPONSIBILITIES

To Whom It May Concern:

I hereby authorize and direct you, my insurance company to pay directly to Town Center Chiropractic, LLC, such sums as may be due and owing this office for services rendered me, both by reason of accident or illness, and by reason of any other bills that are due to TCC. If my current policy prohibits direct payments to TCC, then I hereby also instruct and direct my insurance company to make out the check to me and mail it to TCC. I hereby further give a lien to TCC against any and all insurance benefits named herein. This is to act as an assignment of my rights and benefits to the extent of the services provided by TCC.

In the event that my insurance company obligated to make payments to me upon the charges made by TCC for their services, refuses to make such payments, upon demand by me of this office, I hereby assign and transfer to this office any and all causes of action that I might have or that might exist in my favor against such company and authorize TCC to prosecute said cause of action either in my name, and further, I authorize TCC to compromise, settle or otherwise resolve said claim or cause of action as they see fit.

I understand that I remain personally responsible for the total amounts due to TCC for their services. I further understand and agree that this Assignment and Authorization does not constitute any consideration for TCC to await payments and they may demand payments from me immediately upon rendering services at their option. I further understand that if I fail to pay a requested bill in 30 days from the date of the written request, my balance will accrue interest at the rate of 21% per year or 1.5% monthly. I further understand that if for any reason my account remains unpaid for three (3) consecutive months or more and is sent to the TCC attorney for collections, that I will be further charged and responsible for any court and attorney fees incurred in the collection of my unpaid balance. I acknowledge that reasonable attorney fees are 1/3 of my outstanding balance. Interest will continue to accrue on any unpaid principal balances until paid in full.

I authorize the Doctors and staff of TCC to administer care as they deem necessary and to release any information pertinent to my case to any insurance company, adjustor or attorney to facilitate collection under this Assignment and Authorization. I agree that TCC will be given power of Attorney to endorse/sign my name on any and all checks for payment of my bill with TCC.

Fees are payable at the time of x-rays, examinations, and treatments are received, unless other arrangements are made in advance. X-rays remain the property of TCC.

NAME: Sandra Carrasquillo (please print) Signed: _____

SS#: 208-39-6498

Date: 8-15-08

TOWN CENTER CHIROPRACTIC

• Dr. Giancarlo Gutierrez
• Dr. Michelle Gutierrez
• Dr. Joseph Mazzara

MEMORANDUM

DATE: November 7, 2008

TO: Sandra Camposeguillo

FM: ✓ Dr. Giancarlo Gutierrez ____ Dr. Joseph Mazzara

RE: **COLLECTION NOTICE:** $ 459.00
First Notice: ✓
Second Notice: 12-10-08
FINAL Notice: 1-10-09

Please be advised that the amount indicated above is your portion of the remaining balance for your treatment at Town Center Chiropractic.

Please feel free to contact this office to discuss a payment plan and any other concerns you may have between the hours of 9:00am – 4:00pm, Monday thru Friday at 703-444-9000.

Thank you
Billing Department

46304 McClellan Way • Sterling, VA 20165 • Phone 703 / 444-9000 • Fax 703 / 433-5051

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA
RICHMOND DIVISION

REYNALDO CARRASQUILLO
Plaintiff
v.

ANTHONY REGINALD DIDONATO
T/A RAPID RECOVERY CREDIT &
COLLECTIONS
Defendant

Civil Case No. 3:10CV227

COMPLAINT AND JURY TRIAL DEMAND

COMPLAINT FOR VIOLATION OF THE FAIR DEBT COLLECTION PRACTICES ACT

COMES NOW Reynaldo Carrasquillo, Plaintiff, bringing this complaint against Anthony Reginald DiDonato T/A Rapid Recovery Credit & Collections (hereinafter "Rapid Recovery"), saying:

PARTIES

1. Plaintiff Reynaldo Carrasquillo is a natural person.

2. On information and belief, Rapid Recovery is a sole proprietorship owned by Anthony Reginald DiDonato, who registered the trade name "Rapid Recovery Credit & Collections" with Fairfax County Circuit Court in 2002.

3. Service may be effected on Defendant Rapid Recovery at:

Anthony Reginald DiDonato
Rapid Recovery Credit & Collections
4085 Chain Bridge Road
Fairfax, VA 22030

4. Alternatively, the Defendant may be served at:

Anthony Reginald DiDonato
Rapid Recovery Credit & Collections
10560 Main St., Suite 419
Fairfax, VA 22030

5. Defendant is a company engaged in the business of collecting debts by mail or telephone. Defendant regularly collect debts owed or due or asserted to be owed or due to another.

6. This is a complaint for violation of the Fair Debt Collection Practices Act, 15 USC § 1692 *et seq.*

JURISDICTION

7. Jurisdiction of this Court arises under 15 USC § 1692k(d) and 28 USC §§ 1331 and 1337.

JURY TRIAL DEMAND

8. Plaintiff Reynaldo Carrasquillo hereby demands that all issues in this case triable by a jury be so tried.

STATEMENT OF FACTS

9. Reynaldo Carrasquillo incurred a debt with Town Center Chiropractic for personal, family, or household use (hereinafter "the debt").

10. The debt was assigned, transferred, or otherwise sold to Defendant Rapid Recovery to assist in collection of the debt.

11. On January 19, 2009, Defendant Rapid Recovery contacted Mr. Carrasquillo by mail in an effort to collect the debt.

12. In approximately the first week of February of 2009, Defendant Rapid Recovery called Mr. Carrasquillo about the debt.

13. Mr. Carrasquillo agreed orally to make a one-time payment of $100 to Rapid Recovery on February 13, 2009.

14. That payment was withdrawn from Mr. Carrasquillo's bank account on February 17, 2009.

15. Mr. Carrasquillo agreed to begin automatic bill payments from his bank, PNC, to Defendant Rapid Recovery in March 2009.

16. On March 18, 2009, PNC generated a check for $100 for Rapid Recovery from Mr. Carrasquillo's bank account, with his permission.

17. On April 3, 2009, Defendant Rapid Recovery used the debit card information provided by Mr. Carrasquillo in February to charge his account an additional $100.

18. The $100 Defendant Rapid Recovery withdrew from Mr. Carrasquillo's account on April 3, 2009 was not authorized by nor consented to by Mr. Carrasquillo.

19. Mr. Carrasquillo contacted Defendant Rapid Recovery, and was told someone would "look into it" and refund the money to Mr. Carrasquillo's account.

20. The money was never, in fact, returned to Mr. Carrasquillo by Rapid Recovery.

21. On April 16, 2009 and June 24, 2009, PNC generated checks for $100 for Rapid Recovery from Mr. Carrasquillo's bank account, with his permission.

22. On June 26, 2009 Defendant Rapid Recovery used the account information

provided by Mr. Carrasquillo to generate a check for $100.

NO 23. The check dated June 26, 2009 was not authorized by nor consented to by Mr. Carrasquillo.

NO 24. This unauthorized check allowed Defendant Rapid Recovery to withdraw $100 from Plaintiff Carrasquillo's account.

Yes 25. On July 22, 2009, PNC generated a check for $100 for Rapid Recovery from Mr. Carrasquillo's bank account, with his permission.

Yes 26. On August 18, 2009 Defendant Rapid Recovery used the account information provided by Mr. Carrasquillo to generate a check for $100.

NO 27. The check dated August 18, 2009 was not authorized by nor consented to by Mr. Carrasquillo

NO 28. This unauthorized check allowed Defendant Rapid Recovery to withdraw $100 from Plaintiff Carrasquillo's account.

Yes 29. On October 29, 2009, PNC generated a check for $50 for Rapid Recovery from Mr. Carrasquillo's bank account, with his permission

Yes 30. On November 2, 2009 Defendant Rapid Recovery used the account information provided by Mr. Carrasquillo to generate a check for $20.

NO 31. The check dated November 2, 2009 was not authorized by nor consented to by Mr. Carrasquillo

NO 32. This unauthorized check allowed Defendant Rapid Recovery to withdraw $20 from Plaintiff Carrasquillo's account.

NO Yes 33. None of the money Defendant Rapid Recovery withdrew from Mr.

Carrasquillo's bank account without his authorization or consent was ever returned.

VIOLATIONS OF THE FAIR DEBT COLLECTION PRACTICES ACT BY ANTHONY REGINALD DIDONATO T/A RAPID RECOVERY CREDIT & COLLECTIONS

NO 34. Plaintiff restates herein all previous paragraphs.

yes 35. Defendant Rapid Recovery was collecting or attempting to collect a debt from Plaintiff Reynaldo Carrasquillo originally owed to Town Center Chiropractic.

NO 36. Defendant Rapid Recovery agreed to repayment terms for that debt with Plaintiff Carrasquillo.

NO 37. In fact, Plaintiff Carrasquillo was making payments to Defendant Rapid Recovery consistent with that oral agreement.

NO 38. Nevertheless, Defendant was making additional unauthorized withdrawals from Mr. Carrasquillo's bank account.

NO 39. On April 3, June 26, August 18, and Nov 2, 2009, Defendant Rapid Recovery withdrew money from Mr. Carrasquillo's account without his authorization or consent.

NO 40. Collecting any amount from a consumer that was not expressly authorized by the consumer or permitted by law constitutes unfair or unconscionable means to collect a debt.

NO 41. Using such unfair or unconscionable means to collect a debt is a violation of 15 USC § 1692f(1) of the Fair Debt Collection Practices Act.

Yes 42. Moreover, withdrawing money from a consumer's bank account without their consent is an abusive debt collection practice.

Yes 43. Engaging in abuse of a consumer in connection with collection of a debt is a violation of 15 USC § 1692d of the Fair Debt Collection Practices Act.

Yes 44. Withdrawing money from a consumer's bank account without their consent constitutes using false representations or deceptive means in collecting a debt.

Yes 45. Using false representations or deceptive means to collect or attempt to collect any debt is a violation of 15 USC § 1692e(10) of the Fair Debt Collection Practices Act.

NO 46. As a result of Defendant Rapid Recovery's numerous unauthorized withdraws in violation of the Fair Debt Collection Practices Act, Plaintiff Carrasquillo has suffered financial hardship.

NO 47. As a result of Defendant Rapid Recovery's numerous unauthorized withdraws in violation of the Fair Debt Collection Practices Act, Plaintiff Reynaldo Carrasquillo has suffered emotional damages.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff Reynaldo Carrasquillo prays this honorable court:

NO 1. Enter a declaratory judgment that the conduct of Anthony Reginald DiDonato T/A Rapid Recovery Credit & Collections violated the Fair Debt Collection Practices Act.

NO 2. Award Plaintiff Reynaldo Carrasquillo actual damages pursuant to 15 USC

§ 1692k of the Fair Debt Collection Practices Act.

3. Award Plaintiff Reynaldo Carrasquillo statutory damages in the amount of $1,000, pursuant to 15 USC § 1692k of the Fair Debt Collection Practices Act.

4. Award costs and reasonable attorneys' fees for the present action.

5. Order such other and further relief as may be just.

RESPECTFULLY SUBMITTED,
REYNALDO CARRASQUILLO

By _____

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